

Order Date _____
Salesperson _____
Origin of Order _____
Season _____

Sold To		
Name _____		
Address _____		
City _____	State _____	Zip _____
Tel _____		Fax _____

Ship To		
Name _____		
Address _____		
City _____	State _____	Zip _____
Tel _____		Fax _____

Buyer's Name _____ Buyer's Phone # _____ Email _____

Cust PO #	Start Ship Date	Completion Date	Terms	Ship Via	Credit Card
					Exp. Date _____ / _____ CVC _____ Name on Card _____

STYLE #	COLOR	DESCRIPTION	0 XS	4 S	8 M	12 L	16 XL	O/S	QUAN	UNIT PRICE	TOTAL

Payment due at time of shipping. Cancellations accepted only within 7 days of order date. Order completion date is manufacturer's last ship date, not "in-store" date. Returns will not be accepted without written authorization. No returns will be accepted if made more than 5 days after receipt of the merchandise.

TOTAL		
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BUYER'S SIGNATURE _____